



STATE OF CONNECTICUT
DEPARTMENT OF BANKING
CONSUMER CREDIT DIVISION
260 CONSTITUTION PLAZA, HARTFORD, CT 06103-1800



**CHECKLIST FOR MONEY TRANSMITTER
OR ISSUER OF CONNECTICUT PAYMENT INSTRUMENTS LICENSE**

General Instructions

1. There must be a separate application and license fee for each place of business required to be licensed pursuant to Chapter 668, Part V of the Connecticut General Statutes.
2. In the event space provided for answers is inadequate, additional sheets should be attached and should identify the Applicant and the specific item on the application to which the answer relates.
3. Any change to information submitted in or with the application must be reported in writing immediately. Be advised that changes described in Sections 36a-598(d)(1) through 36a-598(d)(7) of the Connecticut General Statutes, as amended by Public Act 09-208, must be reported **no later than one business day** after the licensee has reason to know of the occurrence of any of the described events. Reporting should not be delayed until the time a license is renewed.
4. License fee:
\$2,875 Application filed between 10/1/2011 and 9/30/2012
\$1,875 Application filed between 10/1/2012 and 9/30/2013
The check must be made payable to "Treasurer, State of Connecticut."
5. Licenses expire at the close of business on September 30th of each odd year, unless renewed.
6. The application and related material must be mailed to:

Connecticut Department of Banking
Consumer Credit Division
260 Constitution Plaza
Hartford, CT 06103-1800

continued on the next page

Application Instructions

1. **LICENSE TYPE.** Please check the appropriate box or boxes. Please refer to definitions posted on the website under **"Who needs a license?"**
2. **IDENTIFYING INFORMATION. Applicant Name** should be the full legal name as organized in the Applicant's domestic state and found in incorporating documents. Applicant is the entity applying for a license. The only instance in which the Applicant is an individual is in the case of a sole proprietorship. If the Applicant is a sole proprietor, use the Applicant's Last, First and Middle names and suffix ("Jr", "III", etc.) if any. Please use the physical address of the location, not a post office box or other mailing address.
3. **OTHER BUSINESS NAMES.** List any other name(s) by which the Applicant conducts or will conduct business in Connecticut (i.e., trade name, fictitious name, or "doing business as" name). The name(s) should be listed exactly as used in advertising, documents, etc.
4. **WEB ADDRESSES.** Provide the full web address(es) of the Applicant and any separate websites for any other names identified in **Other Business Names**. Include any and all websites through which the Applicant solicits customers.
5. **CONTACT EMPLOYEE INFORMATION.** Identify a single Contact Employee who will be the person this department should contact about the company's license information. This individual must be authorized to receive all compliance and licensing information, communications and mailings and be responsible for disseminating it within the Applicant's organization. It is very important that if this information changes you update the department immediately as all future communication, including renewal applications, will be done electronically.
6. **CONSUMER COMPLAINT EMPLOYEE INFORMATION.** Identify a single Consumer Complaint Employee authorized to receive and respond to consumer complaints.
7. **BOOKS AND RECORDS INFORMATION.** List the physical address where books and records are stored. Provide the name and title of the individual at such location that should be contacted with inquiries about or to gain access to the storage location.
8. **CONTROL PERSONS.** Provide the full name, title, and residential address of all individuals (natural persons) that directly or indirectly exercise control over the Applicant, including principal officers, members, partners, trustees, etc. The intent is to capture the Applicant's leadership, and not to rely solely on the title of the individual.
9. **DIRECT OWNERS.** If the Applicant is a corporation, list the name and address of any stockholder owning 10% or more of the outstanding stock of the corporation. If the Applicant is a partnership or LLC, list the percentage of ownership of each partner or member. In the case of an owner that is a trust, the trust and each trustee.
10. **INDIRECT OWNERS.** If the Applicant is owned by another entity such as a corporation, limited liability company, partnership, or a trust, identify all such entities in the Applicant's chain of ownership on an organizational chart. If the direct owner is a corporation, list the name and address of any stockholder owning 25% or more of the outstanding stock in the corporation. If the direct owner is a partnership or limited liability company, list each partner or member with 25% or more ownership. In the case of a direct owner that is a trust, list each trustee with 25% or more ownership. Once a public reporting company or a natural person is reached, no ownership information further up the chain of ownership need be given.
11. **PERMISSIBLE INVESTMENTS.** Provide the book and market values of such investments:
 - a) as of the most recently audited unconsolidated financial statement for the preceding year and
 - b) as of a date no earlier than 30 business days prior to the filing of the application.
12. **OUTSTANDING PAYMENT INSTRUMENTS.** Provide the total dollar amount of the Applicant's outstanding instruments and the transmissions in the State of Connecticut and in the USA:
 - a) as of the most recently audited unconsolidated financial statement for the preceding year and
 - b) as of a date no earlier than 30 business days prior to the filing of the application.

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Attachments

ATTACHED	NOT APPLICABLE	ITEM
<input type="checkbox"/>	<input type="checkbox"/>	FEE. Required fee as described in General Instructions. The check must be made payable to "Treasurer, State of Connecticut."
<input type="checkbox"/>	<input type="checkbox"/>	FORMATION DOCUMENTATION. Copy of: Articles of Incorporation (if a corporation), Articles of Organization (if a limited liability company), Partnership Agreement (if a partnership of any form), Trust Agreement (if a trust), etc.
<input type="checkbox"/>	<input type="checkbox"/>	AUTHORITY TO DO BUSINESS IN CONNECTICUT. If the Applicant was organized or formed outside of Connecticut, submit certified proof of authorization to do business in this state from the Connecticut Secretary of the State. Contact the Secretary of the State at (860)509-6001 or www.sots.ct.gov
<input type="checkbox"/>	<input type="checkbox"/>	DISCLOSURE QUESTIONS. Explanation, in writing, detailing all events or proceedings for each "Yes" answer in response to the Disclosure Questions. Copies of court documents pertaining to each arrest, indictment and/or conviction must be provided. Copies of any applicable order and/or consent agreement must be attached.
<input type="checkbox"/>	<input type="checkbox"/>	INDIRECT OWNERS. Copy of an organizational chart.
<input type="checkbox"/>	<input type="checkbox"/>	PERMISSIBLE INVESTMENTS. Provide detailed description of Permissible Investments along with the book and market values of such investments: a) as of the most recently audited unconsolidated financial statement for the preceding year and b) as of a date no earlier than 30 business days prior to the filing of the application.
<input type="checkbox"/>	<input type="checkbox"/>	PERSONAL AND BUSINESS HISTORY STATEMENT. Form is required for all Control Persons and Direct Owners.
<input type="checkbox"/>	<input type="checkbox"/>	BOND. Surety bond in the amount of \$300,000, \$500,000 or \$1,000,000. The bond shall be in the principal sum. Please refer to the Bond Calculation Form included with this application to determine the correct amount. Bond must include complete address of the office being licensed; not a post office box or other mailing address. Applicants submitting investments in lieu of the bond should review Section 36a-602 of the Connecticut General Statutes, as amended by Public Act 09-208.
<input type="checkbox"/>	<input type="checkbox"/>	BOND CALCULATION FORM.
<input type="checkbox"/>	<input type="checkbox"/>	FINANCIAL STATEMENT. The most recently audited unconsolidated financial statement, including balance sheet and receipts and disbursements for the preceding year prepared by an independent CPA and Interim financial statement as of a date no earlier than 30 business days prior to the filing of the application.

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ATTACHED	NOT APPLICABLE	ITEM
<input type="checkbox"/>	<input type="checkbox"/>	AUTHORIZATION TO DISCLOSE DEPOSIT INFORMATION. This form should be completed for deposit accounts maintained: at financial institutions which are chartered under Connecticut laws or in lieu of any part of the required bond.
<input type="checkbox"/>	<input type="checkbox"/>	AGENT LIST. Submit the complete name and address of each of the Applicant's branches, subsidiaries, affiliates and agents, if any, engaging in the business of money transmission, or engaging in the business of selling or issuing Connecticut payment instruments. Submit the list in Excel format.
<input type="checkbox"/>	<input type="checkbox"/>	MONEY SERVICES BUSINESSES. Please provide a copy of the letter acknowledging the Applicant's registration as a Money Services Business (MSB) with the U.S. Department of Treasury. In 1999, the Secretary of the Treasury grouped certain non-bank financial institutions for purposes of the Bank Secrecy Act (BSA). This category includes businesses that provide check cashing, money transmission, money orders and other services. As a check cashing operation, you are required to comply with the BSA requirements applicable to financial institutions as well as the requirements for MSBs. All MSBs are required to register with the U.S. Department of the Treasury at the end of the 180-day period beginning on the day following the date the business is established. For more information, please visit the following websites: <i>Connecticut Department of Banking</i> at www.ct.gov/dob and <i>Financial Crimes Enforcement Network</i> at www.fincen.gov

WHO TO CONTACT - Questions concerning this application may be directed to Jean Wright at 860-240-8209 or via e-mail at jean.wright@ct.gov

YOU ARE NOT AUTHORIZED TO ENGAGE IN THE BUSINESS OF MONEY TRANSMISSION OR THE BUSINESS OF ISSUING CONNECTICUT PAYMENT INSTRUMENTS IN THE STATE OF CONNECTICUT UNTIL YOU HAVE OBTAINED LICENSURE IN CONNECTICUT